

**BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary**

**AGENDA ITEM: 8.1
DATE: June 13, 2008**

ACTION REQUESTED: Adopt/Modify Positions on Bills of Interest to the Board

REQUESTED BY: LaFrancine Tate, Chair
Legislative Committee

BACKGROUND:

ASSEMBLY BILLS:

AB 1436
AB 2375
AB 2398
AB 2734
AB 3037

SENATE BILLS:

SB 1288
SB 1620
SB 1621
SB 1721

NEXT STEP: None

**FISCAL IMPLICATIONS,
IF ANY:** None

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BOARD OF REGISTERED NURSING
SENATE BILLS 2007/2008
June 13, 2008

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
AB 865	Davis	State agencies: live customer service agents	Watch	Watch	Senate Governmental Organization
AB 1436	Hernandez	Nurse Practitioners	Watch	Watch	Senate Business, Professions and Economic Development
AB 1605	Lieber	The State Department of Public Health: Public Health Nurse	Support	Support	Senate Health
AB 1916	Portantino	Community Colleges: Faculty	Support	Support	Senate
AB 2115	Mullin	Childhood Lead Screening	Support If Amended	Support if Amended	No longer applicable to BRN
AB 2375	Hernandez	Health Professions Workforce: Master Plan	Support		Senate
AB 2398	Nakanishi	Cosmetic Surgery: Employment of Physicians and Surgeons	Watch	Oppose	Senate Business and Professions and Economic Development
AB 2543	Berg	Geriatric and Gerontology Workforce Expansion Act	Watch	Oppose	Senate
AB 2649	Ma	Neuropathy Foundation		Support	Senate Business and Professions and Economic Development
AB 2734	Kekorian	Health Care Practitioners: business cards and advertisements	Watch		Assembly Third Read
AB 3037	Eng	Boards and Commissions	Watch		Assembly Business and Professions

BOARD OF REGISTERED NURSING
SENATE BILLS 2007/2008
June 13, 2008

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
SB 963	Ridley-Thomas	Regulatory Boards: Operation	Oppose	Oppose	Assembly Business and Professions
SB 1288	Scott	California State University: Doctor or Nursing Practice Degree	Support	Support	Senate Education
SB 1393	Scott	Nursing Programs		Support	Assembly Higher Education
SB 1441	Ridley-Thomas	Healing Arts Practitioners: Alcohol and Drug Abuse		Support	Assembly Health
SB 1454	Ridley-Thomas	Healing Arts		Oppose	Assembly
SB 1487	Negrete McLeod	Emergency Medical Services: Diabetes	Oppose unless amended	Oppose unless amended	Senate Health
SB 1521	Cedillo	School Nurse Loan Assumption Program	Support	Support	Senate Education
SB 1620	Ashburn	Community College Nursing Faculty	Support	Support	Assembly Higher Education
SB 1621	Ashburn	Nursing Education			Senate Appropriations
SB 1721	Yee	Health Facilities: Direct Care Nurses	Support	Support	Senate Appropriations
SB 1779	Committee on Business, Professions and Economic Development	Healing Arts (Omnibus Bill)	Support	Support	Senate

**IBOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008**

BILL ANALYSIS

AUTHOR:	Hernandez	BILL NUMBER:	AB 1436
SPONSOR:	California Association of Nurse Practitioners	BILL STATUS:	Senate Business & Professions & Economic Development
SUBJECT:	Nurse practitioners	DATE LAST AMENDED:	5/23/08

SUMMARY:

Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners and nurse-midwives by the Board of Registered Nursing and requires the board to establish categories of, and standards for, nurse practitioners in consultation with specified health care practitioners, including physicians and surgeons with expertise in the nurse practitioner field. Existing law requires nurse practitioners to meet certain requirements, including educational requirements, and authorizes a nurse practitioner who has been issued a board number for the furnishing or ordering of drugs to furnish or order drugs under certain conditions, including pursuant to standardized procedures or protocols and under the supervision of a physician and surgeon. Existing law prohibits a physician and surgeon from supervising more than 4 nurse practitioners at one time. A violation of the Nursing Practice Act is a crime. This bill would add and amend sections of the Business and Professions Code (B&PC), amend sections of the Health and Safety Code (H&SC), and amend sections of the Welfare and Institutions Code (W&IC), relating to nursing.

ANALYSIS:

This bill, in general, would eliminate all of the provisions in the Nursing Practice Act that requires the nurse practitioner to function under the supervision of a physician and standardized procedures. It also replaces the "furnishing" language with "prescribing" language.

This bill would add that the registered nurse could dispense drugs or devices upon an order from a physician, **nurse practitioner, or nurse midwife**, if the nurse is working in a clinic. (B&PC **Section 2725.1**)

This bill would revise the educational requirements for certification as a nurse practitioner as follows: [B&PC **Section 2835.5(a)(b)(c)**]

- Hold a valid and active registered nursing license.
- Possess a master's degree in nursing or **doctoral degree in nursing. (Added)** (~~Deletes~~ the option to have a master's degree in a clinical field related to nursing.)
- Satisfactorily complete a nurse practitioner program approved by the board.
- **Be certified as a nurse practitioner by a nationally recognized certifying body approved by the board. (Added)**

This bill would specify the activities that a nurse practitioner would be authorized to engage in as follows: (**Added: B&PC Section 2835.7**)

- Perform a comprehensive history and physical examination.
- Establish diagnoses for physical, mental, or emotional ailments or potential ailments.
- Admit patients to hospitals and nursing facilities.
- Order, perform, and interpret laboratory, radiographic, and order diagnostic tests.
- Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health.
- Perform therapeutic procedures that the nurse practitioner is qualified by education and experience to perform.
- Prescribe treatments.
- Prescribe and dispense medications when granted authority by the board.
- Refer patients to appropriate license physician and surgeons or other health care providers.
- Provide emergency care.
- Perform additional acts that the nurse practitioner is educationally prepared and clinically competent to perform.
- Sign death certificates, return-to-work, school certificates, and other related health certification forms.
- Certify incapacity for the purpose of activating durable power of attorney for health care.
- Sign handicapped parking applications.
- Order home health services.
- Order durable medical equipment.
- Order home schooling and tutoring.

This bill would delete the requirement that the BRN would have to include the consult of physicians in establishing categories of nurse practitioners. It would add that any regulations promulgated by a state department, **board, commission, or bureau** that affect the scope of practice of a nurse practitioner must be developed in consultation with the BRN. [B&PC **Section 2836(a)(b)**]

This bill amendment would revise the following provisions relative to furnishing or ordering of drugs or devices and deletes all provisions requiring a nurse practitioner to prescribe drugs and devices, under standardized procedures with physician supervision:

A nurse practitioner may prescribe drugs and devices when the drugs or devices prescribed are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained. (B&PC Section 2836.1)

When Schedule II controlled substances, as defined in the Health and Safety Code, are **prescribed** by a nurse practitioner, the controlled substances would be **prescribed in collaboration with a physician and surgeon or an osteopath.**
[B&PC Section 2836.1(b)(2)]

A nurse practitioner may not prescribe drugs or devices unless the board has certified that the nurse practitioner has satisfactorily completed at least six months' supervised experience in the prescribing of drugs and devices.
[(B&PC Section 2836.1(c))]

Deletes the provision that **prohibits a physician from supervising more than 4 nurse practitioners at one time.** [B&PC Section 2836.1(e)]

This bill would revise the definition of a primary care provider to include a **nurse practitioner.** [W&IC Section 14088(b)(1)]

This bill would authorize the Department of Health Services to contract with an **established professional organization, with a membership that consists of nurse practitioners and nurse midwives, as healthcare providers, to provide Med-Cal services.** [W&IC Section 14088.17(a)]

This bill would delete the requirement of **mandatory supervision of the nurse practitioner by a physician, in order for health care in long-term care to be delegated to nurse practitioners.** (W&IC Section 14111) (W&IC Section 14111.5)

Amended analysis of 4/17/07:

This bill amendment **deletes** all of the provisions relative to the Health and Safety Code and the Welfare and Institutions Code, and the list of proposed activities for nurse practitioners. It **deletes** the provisions that would have provided for nurse practitioners to practice without standardized procedures and physician supervision. It also **deletes** the provision that would have allowed nurse practitioners to "prescribe" instead of "furnish".

This amendment would provide for the following:

- A nurse practitioner to provide comprehensive health care services, including, but not limited to, diagnosis, psychosocial assessment, and management of health and illness needs, for which the nurse practitioner has been educationally prepared and is clinically competent to perform.
- A nurse practitioner in **collaboration** with a physician or doctor of osteopathy could admit patients to and discharge patients from hospitals, skilled nursing

facilities, nursing homes, home health care, hospice facilities, and other inpatient facilities. "**Collaboration**," is defined as a relationship between a nurse practitioner and a physician that includes both autonomous and cooperative decision making, with the nurse practitioner and the physician and surgeon contributing their respective expertise.

- Whenever any law or regulation requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician it would be deemed to include a signature, certification, stamp, verification, affidavit, or endorsement by a nurse practitioner.
- A nurse practitioner would be required to consult or refer a patient to a physician or other health care provider, if the referral would protect the health and welfare of the patient, and a situation or condition occurs in a patient that is beyond the nurse practitioner's knowledge and experience.

The provisions in the bill would not limit, revise or expand the current scope of practice of a registered nurse as defined in Business and professions Code Section 2725.

Amended analysis of 5/30/07:

This bill amendment **deletes** all of the provisions relative to the physician assistant and his or her supervising physician.

Amended analysis of 1/07/08:

This bill amendment **deletes** the provisions relative to a nurse practitioner collaborating with a physician. It provides for the following change and addition in the educational requirements, in order, for a nurse to be certified as a nurse practitioner:

- **(Current law)**: Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.
(Change): Possess a master's degree or doctoral degree in nursing.
- **(Added)**: Be certified as a nurse practitioner by a nationally recognized certifying body approved by the board.

Amended analysis of 5/23/08:

This bill amendment would add a section (2835.7) to the Business and Professions Code relative to nurse practitioners. It would provide for nurse practitioners to:

- Perform comprehensive health care services, including, but not limited to, advance assessment, diagnosis, and management of health and illness needs for which the nurse practitioner has been educationally prepared and clinically competent to perform.
- Admit and discharge patients from hospitals, skilled nursing facilities and other inpatient facilities. The authority to admit and discharge patients would be subject to medical staff privileges in collaboration with a physician and surgeon or doctor of osteopathy.
- Consult or refer patients to physicians or other health care providers, if the referral would protect the health and welfare of the patient and a situation occurs in a patient that is beyond the nurse practitioner's knowledge and experience.

This bill amendment:

- Provides for whenever any law or regulation would require a physician's signature, certification, stamp, verification, affidavit or endorsement, it would also include the same authorization by a nurse practitioner.
- Requires the BRN to adopt regulations relative to the provisions in the bill, and provides for the Board to have sole authority to interpret the practice of nurse practitioners.

There is the language in this bill that indicates that the provisions will not limit, revise, or expand the current scope of practice of a registered nurse as defined in section 2725 of the Business and professions Code.

BOARD POSITION: Watch (4/13/07)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

California Association of Nurse Practitioners (co-sponsor)
California Academy of Physician Assistants (co-sponsor)
Los Angeles Cardiology Associates, A Medical Group
Huntington Reproductive Center Medical Group
Tustin Irvine Medical Group/East Edinger Industrial Urgent Care
United Nurse Associations of California/Union of Health Care Professionals
Western University of Health Sciences
96 individuals

OPPOSE:

Ablon Skin Institute
California Chapter of the American College of Cardiology
California Chapter of the American College of Emergency Physicians
California Medical Association
California Society of Dermatology & Dermatologic Surgery
California Society of Plastic Surgeons
East Bay Laser & Skin Care Center

AMENDED IN SENATE MAY 23, 2008
AMENDED IN ASSEMBLY JANUARY 7, 2008
AMENDED IN ASSEMBLY MAY 30, 2007
AMENDED IN ASSEMBLY APRIL 17, 2007
AMENDED IN ASSEMBLY APRIL 9, 2007
CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 1436

**Introduced by Assembly Member Hernandez
(Coauthor: Assembly Member Niello)**

February 23, 2007

An act to amend ~~Section 2835.5 of~~ Sections 2725.5 and 2835.5 of, and to add Section 2835.7 to, the Business and Professions Code, relating to the nursing.

LEGISLATIVE COUNSEL'S DIGEST

AB 1436, as amended, Hernandez. Nurse practitioners.

Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners and nurse-midwives by the Board of Registered Nursing and specifies requirements for ~~qualification for~~ qualification or certification as a nurse practitioner. *Under the act, the practice of nursing is defined, in part, as providing direct and indirect patient care services, as specified, including dispensing of drugs or devices upon their order in a clinic setting, as defined.*

This bill would provide that a nurse practitioner is authorized to perform comprehensive health care services for which he or she is educationally prepared and competent to perform and to admit and

discharge patients from health facilities in collaboration, as defined, with specified healing arts practitioners. The bill would deem specified authorizations by a physician and surgeon to include authorizations provided by a certified nurse practitioner. The bill would require a certified nurse practitioner to consult or refer a patient to another health care provider if a situation or condition occurs beyond the nurse practitioner's knowledge and experience. The bill also would revise the educational requirements for qualification or certification as a nurse practitioner and would require a nurse practitioner to be certified by a nationally recognized certifying body approved by the board. The bill would require the board to adopt specified regulations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 **SECTION 1.** *Section 2725.5 of the Business and Professions*
2 *Code is amended to read:*

3 2725.5. (a) “Advanced practice registered nurse” means those
4 licensed registered nurses who have met the requirements of Article
5 2.5 (commencing with Section 2746), Article 7 (commencing with
6 Section 2825), Article 8 (commencing with Section 2834), or
7 Article 9 (commencing with Section 2838).

8 (b) *Advanced practice registered nursing is based on knowledge*
9 *and skills acquired in basic nursing education, licensure as a*
10 *registered nurse, graduation from a graduate level advanced*
11 *practice registered nursing program approved by the board, and*
12 *current certification by a national certifying body in the*
13 *appropriate advanced practice registered nursing role and*
14 *specialty.*

15 ~~SECTION 1.~~

16 **SEC. 2.** *Section 2835.5 of the Business and Professions Code*
17 *is amended to read:*

18 2835.5. (a) A registered nurse who is holding himself or herself
19 out as a nurse practitioner or who desires to hold himself or herself
20 out as a nurse practitioner shall, within the time prescribed by the
21 board and prior to his or her next license renewal or the issuance
22 of an initial license, submit educational, experience, and other
23 credentials and information as the board may require for it to
24 determine that the person qualifies to use the title “nurse

practitioner,” pursuant to the standards and qualifications established by the board.

(b) Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title “nurse practitioner.” The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title “nurse practitioner.”

(c) A person who has been found to be qualified by the board to use the title “nurse practitioner” prior to the effective date of this section, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(d) An applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.

(2) Possess a master’s degree or doctoral degree in nursing.

(3) Satisfactorily complete a nurse practitioner program approved by the board.

(4) Be certified as a nurse practitioner by a nationally recognized certifying body approved by the board.

SEC. 3. Section 2835.7 is added to the Business and Professions Code, to read:

2835.7. (a) A certificate to practice as a nurse practitioner authorizes the holder to provide comprehensive health care services, including, but not limited to, advanced assessment, diagnosis, and management of health and illness needs for which the nurse practitioner has been educationally prepared and is clinically competent to perform.

(b) Notwithstanding any other provision of law, a nurse practitioner, in collaboration with a physician and surgeon or doctor of osteopathy, may admit patients to and discharge patients from hospitals, skilled nursing facilities, nursing facilities, home health care, hospice facilities, and other inpatient facilities, subject to medical staff privileges. “Collaboration,” for the purposes of this section, is defined as a relationship between a nurse practitioner and a physician and surgeon that includes both

1 *autonomous and cooperative decisionmaking, with the nurse*
2 *practitioner and the physician and surgeon contributing their*
3 *respective expertise.*

4 *(c) Notwithstanding any other provision of law, whenever any*
5 *law or regulation requires a signature, certification, stamp,*
6 *verification, affidavit, or endorsement by a physician and surgeon,*
7 *it shall be deemed to include a signature, certification, stamp,*
8 *verification, affidavit, or endorsement by a nurse practitioner.*

9 *(d) A nurse practitioner shall consult or refer a patient to a*
10 *physician and surgeon or other health care provider if the referral*
11 *will protect the health and welfare of the patient and a situation*
12 *or condition occurs in a patient that is beyond the nurse*
13 *practitioner's knowledge and experience.*

14 *(e) Nothing in this article shall be construed to limit, revise, or*
15 *expand the current scope of practice of a registered nurse, as*
16 *defined in Section 2527.*

17 *(f) The board shall adopt regulations necessary to effectuate*
18 *the purposes of this chapter relating to nurse practitioners, and*
19 *has sole authority to interpret the practice of nurse practitioners.*

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Hernandez	BILL NUMBER:	AB 2375
SPONSOR:	Latino Coalition for a Healthy California	BILL STATUS:	Senate
SUBJECT:	Health Professions Workforce Master Plan	DATE LAST AMENDED:	5/28/08

SUMMARY:

Existing law requires the Office of Statewide Health Planning and Development to take various actions related to statewide health planning and the development of policies to address health care issues in California. Existing law gives the Joint Legislative Budget Committee the power to appoint a Legislative Analyst and establishes the Legislative Analyst's Office. This bill would add sections and a chapter to the Health and Safety Code, relating to public health.

ANALYSIS

This bill would require the Office of Statewide Health Planning and Development (OSHPD), in collaboration with the California Workforce Investment Board, to establish the Health Professions Workforce Task Force to assist in the development of a health professions workforce master plan for the state, and would prescribe the functions and duties of the task force. The Task Force would be comprised of members representing the Legislature, University of California, California State University, California Community Colleges, Private and Independent California Colleges, State Department of Education, School District Health Sciences Program, Key Labor and Health Care Industry Stakeholders, Community Based Organizations, Multiple Health Professions, including Allied Health and California Workforce Investment Board.

The bill would require the task force to submit to the OSHPD recommendations for a statewide health professions workforce master plan and for the office to implement a master plan no later than October 31, 2014.

This bill would also require the Legislative Analyst's Office (LAO), working with the Employment Development Department, **state licensing boards**, Department of Consumer Affairs, California State University, University of California, California Community Colleges, and the Office of Statewide Health Planning and Development, to compile a baseline report to assess the state's health professions workforce data collection capacity and to report their findings to the Health Professions Workforce Task Force by October 31, 2009.

Amended analysis of 5/23/08:

This bill amendment would delete the provision that the LAO would be required to work with various entities, including the state licensing boards for the purpose of compiling a baseline report to assess the state's health professions workforce data capacity with a report of the findings to the Health Professions Workforce Task Force. **Instead**, it permits the OSHPD, as the clearinghouse for state health professions, to request and collect information pertaining to the development and assessment of the state's health professions workforce.

This amendment also deletes representation on the task force from the private and independent California Colleges and Universities.

The Office of Statewide Health and Planning and Development would be required to seek and accept funds from the Federal Government and private entities to support the activities of the task force.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/20/08)

SUPPORT:

California Hospital Association
Association of California Healthcare Districts
Greenlining Institute

OPPOSE:

AMENDED IN ASSEMBLY MAY 28, 2008

AMENDED IN ASSEMBLY MAY 23, 2008

AMENDED IN ASSEMBLY APRIL 10, 2008

AMENDED IN ASSEMBLY MARCH 28, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 2375

**Introduced by Assembly Member Hernandez
(Coauthor: Assembly Member Berg)**

February 21, 2008

An act to add Section 127162 to, and to add Chapter 1.5 (commencing with Section 127320) to Part 1 of Division 107 of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2375, as amended, Hernandez. Health professions workforce: master plan.

Existing law requires the Office of Statewide Health Planning and Development to take various actions related to statewide health planning and the development of policies to address health care issues in California.

This bill would require the office, in collaboration with the California Workforce Investment Board, to establish the Health Professions Workforce Task Force, comprised of specified members, to assist in the development of a health professions workforce master plan for the state, and would prescribe the functions and duties of the task force in that regard. The bill would require the task force to submit to the office recommendations for a statewide health professions workforce master

plan and for the office to implement a master plan no later than October 31, 2014.

This bill would permit the office to request and collect specified information pertaining to the development and assessment of the state's health professions workforce.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares the following:
- 2 (a) In order for California to remain healthy, prosperous, and
- 3 globally competitive, the state needs to have a skilled health
- 4 professions workforce.
- 5 (b) Demographic trends and health care reimbursement
- 6 structures are increasing gaps between health professions workforce
- 7 supply and demand, as seen in the shortages of primary care
- 8 providers.
- 9 (c) California's population is aging, growing, and becoming
- 10 increasingly more diverse. California's workforce of health
- 11 professionals has not reflected these changes and is ill-equipped
- 12 to reduce new pressures on the health care system.
- 13 (d) Developing California's workforce so that it better represents
- 14 and serves its consumer population will help to mitigate increasing
- 15 health care costs.
- 16 (e) California faces a dramatic and pressing challenge related
- 17 to the supply and distribution of health care professionals. In
- 18 addition to urban areas, rural areas face ongoing challenges to
- 19 recruitment and retention.
- 20 (f) There are existing statewide efforts to address these problems,
- 21 which include, but are not limited to, the California Institute for
- 22 Nursing and Health Care's Master Plan for the California Nursing
- 23 Workforce, the Mental Health Services Act (MHSA) Five-Year
- 24 Workforce Education and Training Development Plan, the creation
- 25 of a health care workforce and educational clearinghouse within
- 26 the Office of Statewide Health Planning and Development,
- 27 publication of the report entitled "Connecting the Dots: California
- 28 Initiative to Increase Health Workforce Diversity" by the California
- 29 Health Professional Consortium, and others. However, there is no

1 coordinated plan of action effort to develop the state's health
2 professions workforce.

3 (g) A comprehensive approach to health professions workforce
4 development is needed to ensure that the state has the optimal mix
5 of culturally competent health professions workers to address
6 health needs in a cost-effective manner.

7 (h) To prepare the highly skilled workforce necessary and to
8 keep California's economy competitive, maintain the income and
9 quality of life for California residents, and increase tax revenues,
10 the following issues must be addressed:

11 (1) A comprehensive public and private collaboration to develop
12 California's health professions workforce.

13 (2) A state-level effort involving multiple health professions,
14 business and labor, educational institutions including primary,
15 secondary, and postsecondary institutions, state government
16 workforce boards, regional leadership, consumers, and other
17 stakeholders. These groups should work together to forecast health
18 professions workforce demand and plan comprehensive pathways
19 to support multiple target groups.

20 (3) Health data collection and reporting on a continuous basis.

21 SEC. 2. Section 127162 is added to the Health and Safety Code,
22 to read:

23 127162. (a) The office shall, in collaboration with the
24 California Workforce Investment Board and based on information
25 provided by the health care workforce clearinghouse created by
26 Section 128050, establish the Health Professions Workforce Task
27 Force to assist in the development of a health professions workforce
28 master plan for the state. The task force shall be comprised of the
29 following members from both rural and urban areas:

30 (1) Two members representing the Legislature, with one member
31 appointed by the Speaker of the Assembly, and one member
32 appointed by the Senate Rules Committee.

33 (2) A member representing the University of California,
34 appointed by the Governor.

35 (3) A member representing the California State University,
36 appointed by the Governor.

37 (4) A member representing the California Community Colleges,
38 appointed by the Governor.

39 (5) A member representing the State Department of Education,
40 as appointed by the Governor.

1 (6) A member responsible for leading a health sciences program
2 in a school district, drawn from a pool of candidates selected by
3 the Superintendent, as appointed by the Governor.

4 (7) Three members representing key stakeholders from labor
5 and the health care industry, as appointed by the Speaker of the
6 Assembly.

7 (8) Three members representing the health care industry in the
8 state, as appointed by the Senate Committee on Rules.

9 (9) Three members representing community-based organizations
10 in the state, as appointed by the Committee on Rules.

11 (10) Three members representing multiple health professions,
12 including Allied Health, as appointed by the Speaker of the
13 Assembly.

14 (11) A member of the California Workforce Investment Board
15 and a member of a regional workforce investment board, as
16 appointed by the Governor.

17 (b) Total membership of the task force shall be not more than
18 21 people.

19 (c) Membership on the task force shall be voluntary and without
20 compensation.

21 (d) The task force shall assist the office in the development of
22 a health professions workforce master plan, and shall meet no later
23 than October 31, 2009, to do all of the following:

24 (1) Report, assess impact, and review capacity and effectiveness
25 of existing state and private programs to leverage funding resources
26 and form new partnerships, foster shared learning, identify best
27 practices, and minimize duplication of efforts.

28 (2) Review local workforce investment plans and assess progress
29 in meeting current health professions workforce needs.

30 (3) Identify education and employment trends in the health
31 professions.

32 (4) Identify the top 10 health professions with the highest
33 demand and develop a plan to meet that demand.

34 (5) Recommend state policies needed to address the issues of
35 health professions workforce shortage and distribution.

36 (6) Compile, assess, and align with other strategic plans for
37 developing California's workforce.

38 (e) The task force shall meet no less than three times per year.

1 (f) Not later than October 31, 2012, the task force shall submit
2 a completed report to the office with recommendations for
3 developing a health professionals workforce master plan.

4 (g) The office shall act as the lead in coordinating the task force.

5 (h) The office shall seek and accept funds from the federal
6 government and private entities to support the activities of the task
7 force.

8 ~~(i) Not later than October 31, 2014, the office shall implement~~
9 ~~the health professionals workforce master plan as developed by~~
10 ~~the task force.~~

11 SEC. 3. Chapter 1.5 (commencing with Section 127320) is
12 added to Part 1 of Division 107 of the Health and Safety Code, to
13 read:

14
15 CHAPTER 1.5. HEALTH PROFESSIONS WORKFORCE PLANNING
16

17 127320. (a) As the clearinghouse for state health professions
18 workforce data, the office may request and collect information
19 pertaining to the development and assessment of the state's health
20 professions workforce.

21 (b) The sharing and transfer of data shall be conducted with the
22 appropriate privacy protections under state and federal law.

23 (c) The office shall determine gaps in the health professions
24 workforce data collection and request the appropriate state entities
25 to prepare and collect the data required.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Nakanishi	BILL NUMBER:	AB 2398
SPONSOR:	California Society of Dermatology & Dermatologic Surgery	BILL STATUS:	Senate Business & Professions & Economic Development
SUBJECT:	Cosmetic surgery: employment of physicians and surgeons.	DATE LAST AMENDED:	5/01/08

SUMMARY:

Existing law, the Medical Practice Act, requires specified disclosures to patients undergoing procedures involving collagen injections, defined as any substance derived from, or combined with, animal protein. Existing law also requires the board to adopt extraction and postoperative care standards in regard to body liposuction procedures performed by a physician and surgeon outside of a general acute care hospital. This bill would add a section to the Business and Professions Code, relating to medicine.

ANALYSIS:

This bill would require a physician who delegates the performance or administration of any cosmetic medical procedure or treatment to provide **direct** supervision of that procedure or treatment. Direct supervision means that the physician would be required to be onsite and available for immediate consultation at the time of the administration of the procedure or treatment. A person or entity that violates the direct supervision requirement would be subject to a fine of up to \$25,000 per occurrence, via a citation issued by the Medical Board or a civil penalty of \$25,000 per occurrence. Multiple violations would result in a fine not to exceed \$25,000 or imprisonment in a county jail, or by both the fine and imprisonment. It would provide for the Attorney General to enforce the proposed provisions and collect the fines or civil penalties.

Currently, registered nurses can perform or administer a cosmetic medical procedure or treatment, without the physician being present in the facility, by means of a standardized procedure.

Amended analysis of 04/01/08:

This bill amendment would require a physician who delegates the performance or administration of any elective cosmetic medical procedure or treatment to a registered

nurse, perform an initial, good faith, examination of the patient for whom treatment has been delegated. In a physician-owned and operated treatment setting, **direct supervision is not required** upon delegation to a nurse practitioner, physician assistant, or registered nurse. The delegating physician would be required to provide direct supervision of the procedure or treatment, if requested by the patient.

Amended analysis of 5/1/08:

This bill amendment would delete the provision that would have required a physician to do a "good faith" examination when delegating to a registered nurse, the performance or administration of any elective cosmetic medical procedure or treatment. The registered nurse would be able to continue to perform "good faith" examinations when delegated by the physician.

BOARD POSITION: Oppose (4/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (4/8/08)

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MAY 1, 2008
AMENDED IN ASSEMBLY APRIL 22, 2008
AMENDED IN ASSEMBLY APRIL 10, 2008
AMENDED IN ASSEMBLY APRIL 1, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 2398

Introduced by Assembly Member Nakanishi

February 21, 2008

An act to amend Section 2417 of, and to add Section 2259.6 to, the Business and Professions Code, relating to the practice of medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 2398, as amended, Nakanishi. Practice of medicine: cosmetic surgery: employment of physicians and surgeons.

Existing law, the Medical Practice Act, establishes the Medical Board of California under the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.

~~Existing law, the Medical Practice Act, requires specified disclosures to patients undergoing procedures involving collagen injections, defined as any substance derived from, or combined with, animal protein. Existing law also requires the board to adopt extraction and postoperative care standards in regard to body liposuction procedures performed by a physician and surgeon outside of a general acute care hospital. Existing law makes a violation of these provisions a misdemeanor.~~

~~This bill would require a physician and surgeon who delegates to a registered nurse the performance or administration of any elective~~

~~cosmetic medical procedure or treatment, as defined, to perform an initial, good faith, and appropriate prior examination of the patient for whom treatment has been delegated and to provide direct supervision of that procedure or treatment under certain conditions. The bill would prohibit a physician and surgeon from delegating the performance or administration of elective cosmetic medical procedures or treatments to more than 4 separately addressed locations under his or her supervision, which must be located as specified. The bill would provide that a violation of that provision may subject the person or entity that has committed the violation to either a fine of up to \$25,000 per occurrence pursuant to a citation issued by the board or a civil penalty of \$25,000 per occurrence. The bill would also provide that multiple acts by any person or entity in violation of that provision shall be punishable by a fine not to exceed \$25,000 or by imprisonment in a county jail not exceeding 6 months, or by both that fine and imprisonment. The bill would authorize the Attorney General to bring an action to enforce those provisions.~~

~~Because multiple violations of those provisions would be a crime, this bill would impose a state-mandated local program.~~

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specified exemptions. Existing law makes it unlawful to knowingly make, or cause to be made, any false or fraudulent claim for payment of a health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition a public offense.

This bill would authorize the revocation of the license of a physician and surgeon who practices medicine with, or serves or is employed as the medical director of, a business organization that provides *outpatient* elective cosmetic medical procedures or treatments, as defined, knowing that it is owned or operated in violation of the prohibition against employment of licensed physicians and surgeons and podiatrists. The bill would also make a business organization that provides *outpatient* elective cosmetic medical procedures or treatments, that is owned and operated in violation of the prohibition, and that contracts with or employs a physician and surgeon to facilitate the offer or provision of those procedures or treatments that may only be provided by a licensed physician and surgeon, guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim

for payment of a health care benefit. Because the bill would expand a public offense, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 ~~SECTION 1. Section 2259.6 is added to the Business and~~
2 ~~Professions Code, to read:~~
3 ~~2259.6. (a) Any physician and surgeon who delegates the~~
4 ~~performance or administration of any elective cosmetic medical~~
5 ~~procedure or treatment to a registered nurse shall, pursuant to the~~
6 ~~requirements of this article, perform an initial, good faith, and~~
7 ~~appropriate prior examination of the patient for whom treatment~~
8 ~~has been delegated. Subject to the provisions of subdivision (d),~~
9 ~~in a physician and surgeon-owned and operated treatment setting,~~
10 ~~direct supervision is not required upon delegation to a nurse~~
11 ~~practitioner, physician assistant, or registered nurse. In all~~
12 ~~circumstances, upon request of the patient, the delegating physician~~
13 ~~and surgeon shall afford the patient direct supervision of the~~
14 ~~procedure or treatment.~~
15 ~~(b) Direct supervision shall mean that the physician and surgeon~~
16 ~~must be onsite and available for immediate consultation at the time~~
17 ~~of performance or administration of the procedure or treatment.~~
18 ~~(c) As used in this section, "elective cosmetic medical procedure~~
19 ~~or treatment" means a medical procedure or treatment that is~~
20 ~~performed to alter or reshape normal structures of the body solely~~
21 ~~in order to improve appearance.~~
22 ~~(d) In no event may a physician and surgeon delegate the~~
23 ~~performance or administration of elective cosmetic medical~~
24 ~~procedures or treatments to more than four separately addressed~~
25 ~~locations under his or her supervision, one of which shall be his~~
26 ~~or her primary practice location. These sites shall be located within~~
27 ~~a radius no greater than that which may be reached within 60~~
28 ~~minutes from the physician and surgeon's primary practice~~

1 location. A delegating physician and surgeon shall be available to
2 attend to emergent patient circumstances within a reasonable time;
3 not to exceed 24 hours from the onset of those circumstances.

4 (e) ~~Notwithstanding any other provision of law, a violation of~~
5 ~~this section may subject the person or entity that has committed~~
6 ~~the violation to either a fine of up to twenty-five thousand dollars~~
7 ~~(\$25,000) per occurrence pursuant to a citation issued by the board~~
8 ~~or a civil penalty of twenty-five thousand dollars (\$25,000) per~~
9 ~~occurrence. Section 125.9 shall govern the issuance of this citation~~
10 ~~and fine except that the fine limitations prescribed in paragraph~~
11 ~~(3) of subdivision (b) of Section 125.9 shall not apply to a fine~~
12 ~~under this subdivision.~~

13 (f) ~~Multiple acts by any person or entity in violation of this~~
14 ~~section shall be punishable by a fine not to exceed twenty-five~~
15 ~~thousand dollars (\$25,000) or by imprisonment in a county jail not~~
16 ~~exceeding six months, or by both that fine and imprisonment.~~

17 (g) ~~The Attorney General may bring an action to enforce this~~
18 ~~section and to collect the fines or civil penalties authorized by~~
19 ~~subdivision (d) or (e).~~

20 **SEC. 2.**

21 *SECTION 1.* Section 2417 of the Business and Professions
22 Code is amended to read:

23 2417. (a) If the Department of Insurance has evidence that a
24 business is being operated in violation of this chapter, Part 4
25 (commencing with Section 13400) of Division 3 of the
26 Corporations Code, or Chapter 1 (commencing with Section 1200)
27 of Division 2 of the Health and Safety Code, and that the business
28 may be in violation of Section 1871.4 of the Insurance Code or
29 Section 549 or 550 of the Penal Code, then the department shall
30 report the business, and any physician and surgeon suspected of
31 knowingly providing medical services for that business relative to
32 a violation of Section 1871.4 of the Insurance Code or Section 549
33 or 550 of the Penal Code, to the appropriate regulatory agency.
34 Upon receiving a report from the Department of Insurance of a
35 suspected violation, the regulatory agency shall conduct an
36 investigation. The requirement in subdivision (a) of Section
37 1872.95 of the Insurance Code for investigations to be conducted
38 within existing resources does not apply to investigations required
39 by this section. The Department of Insurance may consult with
40 the appropriate regulatory department or agency prior to making

1 its report to that department or agency, and this consultation shall
2 not be deemed to require the department or agency to conduct an
3 investigation.

4 (b) A physician and surgeon who practices medicine with a
5 business organization knowing that it is owned or operated in
6 violation of Section 1871.4 of the Insurance Code, Section 14107
7 or 14107.2 of the Welfare and Institutions Code, or Section 549
8 or 550 of the Penal Code shall have his or her license to practice
9 permanently revoked.

10 (c) A physician and surgeon who practices medicine with a
11 business organization that offers to provide, or provides, *outpatient*
12 elective cosmetic medical procedures or treatments, knowing that
13 it is owned or operated in violation of Section 2400, may have his
14 or her license to practice revoked. A physician and surgeon who
15 contracts to serve as, or otherwise allows himself or herself to be
16 employed as, the medical director of a business organization that
17 he or she does not own and that offers to provide or provides
18 *outpatient* elective cosmetic medical procedures or treatments that
19 may only be provided by the holder of a valid physician's and
20 surgeon's certificate under this chapter shall be deemed to have
21 knowledge that the business organization is in violation of Section
22 2400.

23 (d) A business organization that offers to provide, or provides,
24 *outpatient* elective cosmetic medical procedures or treatments,
25 that is owned or operated in violation of Section 2400, and that
26 contracts with, or otherwise employs, a physician and surgeon to
27 facilitate its offers to provide, or the provision of, *outpatient*
28 elective cosmetic medical procedures or treatments that may only
29 be provided by the holder of a valid physician's and surgeon's
30 certificate is guilty of violating paragraph (6) of subdivision (a)
31 of Section 550 of the Penal Code.

32 ~~(e) For purposes of this section, "elective cosmetic medical~~
33 ~~procedures or treatments" has the same meaning as defined in~~
34 ~~Section 2259.6.~~

35 (e) *For purposes of this section, "outpatient elective cosmetic*
36 *medical procedures or treatments" means a medical procedure*
37 *or treatment that is performed to alter or reshape normal structures*
38 *of the body solely in order to improve appearance.*

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Text—Page 5.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Krekorian	BILL NUMBER:	AB 2734
SPONSOR:	Krekorian	BILL STATUS:	Assembly Third Read
SUBJECT:	Health Care Practitioners: business Cards and advertisements	DATE LAST AMENDED:	04/17/08

SUMMARY:

Existing law provides for the licensure and regulation of the practice of medicine by the Medical Board of California and provides for the licensure and regulation of the practice of dentistry by the Dental Board of California. Existing law imposes certain limitations on advertising by health care practitioners. This bill would add a section to the Business and Professions Code, relating to healing arts.

ANALYSIS

This bill, among other things, would require all advertising by a licensed physician, surgeon, dentist, chiropractor, osteopath, or **other licensed healthcare professional** to include:

- The name of the person or the fictitious business name of the person
- A valid license number
- The name of the applicable state licensing agency
- A valid Web site for the licensing agency
- The fictitious name permit number

This would include a **business card** or professional card in connection with the professional practice or business for which a license is required.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/20/08)

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MAY 22, 2008

AMENDED IN ASSEMBLY APRIL 17, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 2734

Introduced by Assembly Member Krekorian

February 22, 2008

An act to add Section 605 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2734, as amended, Krekorian. Health care practitioners: business cards and advertisements.

Existing law provides for the licensure and regulation of the practice of medicine by the Medical Board of California and, provides for the licensure and regulation of the practice of dentistry by the Dental Board of California, *provides for the licensure and regulation of the practice of chiropractic by the State Board of Chiropractic Examiners, and provides for the licensure and regulation of the practice of osteopathy by the Osteopathic Medical Board of California.* Existing law imposes certain limitations on advertising by health care practitioners.

This bill would, commencing July 1, 2009, ~~require a business card or professional advertisement or business card~~ disseminated by or caused to be disseminated by a licensed physician and surgeon, dentist, chiropractor, or osteopath, or a person required to be licensed as such, in connection with the practice of medicine, dentistry, chiropractic, or osteopathy to include *his or her name or fictitious-name, the applicable state licensing agency, and a valid license number or a fictitious-name permit number, as specified.* ~~The bill would also,~~

commencing July 1, 2009, prohibit a licensed physician and surgeon, dentist, chiropractor, or osteopath, or a person required to be licensed as such, from disseminating or causing to be disseminated an advertisement or promotional material that does not contain specified information, except that this *This* prohibition would not apply until January 1, 2010, to any ~~advertising or promotional material~~ *advertisement* that is published annually and prior to July 1, 2009. The bill would also, commencing January 1, 2009, prohibit the willful and intentional use of a license number that is not the person's current, valid license number. The bill would make a violation of these provisions punishable as specified, and would make specified violations a crime. The bill would also make ~~an~~ *a knowing and* intentional violation unprofessional conduct and grounds for suspension or revocation of a license, as specified.

Because this bill would create new crimes, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 605 is added to the Business and
2 Professions Code, to read:
3 605. (a) On and after July 1, 2009, no person licensed or
4 required to be licensed pursuant to Chapter 4 (commencing with
5 Section 1600) or Chapter 5 (commencing with Section 2000) or
6 under any initiative act referred to in this division shall disseminate,
7 or cause to be disseminated, any ~~business card or professional~~
8 *advertisement or business* card in connection with the professional
9 practice or business for which a license is required pursuant to
10 Chapter 4 (commencing with Section 1600), Chapter 5
11 (commencing with Section 2000), or an initiative act referred to
12 in this division, unless the *advertisement or business* card contains
13 the *name of the person and the* applicable state licensing agency
14 immediately followed by the valid license number issued to that

~~person~~ person. If the dissemination contains a visual component, the state licensing agency and license number shall appear in close proximity to the name of the person, in type size no smaller than the type size of the name of the person, and in the following form:

“(insert state agency) License number: (insert valid license number)”

The following abbreviations may be used: “CA” or “Calif.” may be substituted for “State,” “Med.” may be substituted for “Medical,” “Dent.” may be substituted for “Dental,” “Chiro.” may be substituted for “Chiropractor” and “Chiropractic,” “Osteo.” may be substituted for “Osteopath” and “Osteopathic,” “Bd.” may be substituted for “Board,” “Bur.” may be substituted for “Bureau,” “Lic.” may be substituted for “License” “License,” and “No.” or “#” may be substituted for “number.” The applicable state licensing agency may authorize the use of additional abbreviations.

~~A business card or professional card on behalf of, in whole or part, a person practicing under a fictitious business name shall include the fictitious name permit number issued by the applicable state licensing agency.~~

~~(b) On and after July 1, 2009, no person licensed or required to be licensed pursuant to Chapter 4 (commencing with Section 1600) or Chapter 5 (commencing with Section 2000) or under any initiative act referred to in this division shall disseminate, or cause to be disseminated, any form of advertisement or promotional material in connection with the professional practice or business for which a license is required pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section 2000), or an initiative act referred to in this division, unless that dissemination clearly and conspicuously contains all of the following information:~~

~~(1) The name of the person or the fictitious business name of the person as approved by the licensing authority.~~

~~(2) (A) If the dissemination is oral and contains no written or visual component, the applicable state licensing agency immediately followed by the valid license number issued to that person.~~

~~(B) For all other forms of dissemination, the applicable state licensing agency immediately followed by both the valid license number issued to that person and the current valid Internet Web~~

1 ~~site of the applicable state licensing agency, all of which shall~~
2 ~~appear in close proximity to the name of the person and in the~~
3 ~~following form:~~

4 ~~“(Name of state agency) License number: _____” “www._____”~~

5 ~~The following abbreviations may be used: “CA” or “Calif.” may~~
6 ~~be substituted for “State,” or for “California,” “Med.” may be~~
7 ~~substituted for “Medical,” “Dent.” may be substituted for “Dental,”~~
8 ~~“Bd.” may be substituted for “Board,” “Bur.” may be substituted~~
9 ~~for “Bureau,” “Lic.” may be substituted for “License” and “No.”~~
10 ~~or “#” may be substituted for “number.”~~

11 ~~(3) An advertisement or promotional material on behalf of, in~~
12 ~~whole or part, a person practicing under a fictitious business name~~
13 ~~shall include the fictitious name permit number issued by the~~
14 ~~applicable state licensing agency.~~

15 ~~this~~

16 ~~*The name of the person required by this subdivision to appear*~~
17 ~~*in the advertisement and business card may be a fictitious name,*~~
18 ~~*provided that the advertisement or business card contains the*~~
19 ~~*fictitious-name permit number issued by the applicable state*~~
20 ~~*licensing agency.*~~

21 ~~*No advertisement or business card containing the license number*~~
22 ~~*of an individual issued by the applicable state licensing agency is*~~
23 ~~*required by this subdivision to also contain a fictitious-name permit*~~
24 ~~*number.*~~

25 ~~*This subdivision shall not apply until January 1, 2010, to any*~~
26 ~~*advertisement or promotional material that is published annually*~~
27 ~~*and prior to July 1, 2009.*~~

28 ~~*This subdivision shall not apply to any advertisement or business*~~
29 ~~*card disseminated by a health care service plan that is subject to*~~
30 ~~*the requirements of Section 1367.26 of the Health and Safety Code.*~~

31 ~~(e)~~

32 ~~(b) For purposes of this section, the following terms have the~~
33 ~~following meanings:~~

34 ~~(1) “Person” means any individual, partnership, corporation,~~
35 ~~limited liability company, or other organization, or any combination~~
36 ~~thereof.~~

37 ~~(2) An “advertisement” or “promotional material” includes, but~~
38 ~~is not limited to, “advertisement” includes, but is not limited to,~~
39 ~~communication by means of mail, television, radio, motion picture,~~
40 ~~newspaper, book, directory, Internet, or other electronic~~

1 communication. It does not include a directory listing that contains
2 ~~no additional information other than~~ only the licensee's name,
3 address, ~~and Internet address, or~~ telephone number.

4 ~~(d)~~

5 (c) (1) A violation of this section by a ~~licensed person~~ *person*
6 *licensed and in good standing* described in subdivision (a) ~~or (b)~~
7 is punishable by a fine not exceeding one thousand dollars (\$1,000).
8 ~~A second or subsequent violation of this section by a licensed~~
9 ~~person described in subdivision (a) or (b) is a misdemeanor~~
10 ~~punishable by a fine not exceeding ten thousand dollars (\$10,000).~~

11 (2) A violation of this section by a person described in
12 subdivision (a) ~~or (b)~~ who has no license, or who has a license that
13 is ~~suspended~~ *expired, suspended,* or revoked, is a misdemeanor
14 offense, punishable by imprisonment in the county jail for not
15 more than six months, or by a fine not exceeding two thousand
16 five hundred dollars (\$2,500), or by both that fine and
17 imprisonment.

18 ~~(e)~~

19 (d) Any person described in subdivision (a) ~~or (b)~~ who willfully
20 and intentionally uses a license number that does not correspond
21 to the number on a currently valid license held by that person, is
22 punishable by a fine not exceeding ten thousand dollars (\$10,000),
23 or by imprisonment in the county jail for not more than one year,
24 or by both that fine and imprisonment. The penalty provided by
25 this section is cumulative to the penalties available under all other
26 laws.

27 ~~(f) An~~

28 (e) A *knowing and* intentional violation of this section in the
29 case of a licensed person described in subdivision (a) ~~or (b)~~
30 constitutes unprofessional conduct and grounds for suspension or
31 revocation of his or her license by the board by whom he or she
32 is licensed, or if a license has been issued in connection with a
33 place of business, then for the suspension or revocation of the place
34 of business in connection with which the violation occurs. The
35 proceedings for suspension or revocation shall be conducted in
36 accordance with Chapter 5 (commencing with Section 11500) of
37 Part 1 of Division 3 of Title 2 of the Government Code, and each
38 board shall have all the powers granted therein.

39 SEC. 2. No reimbursement is required by this act pursuant to
40 Section 6 of Article XIII B of the California Constitution because

1 the only costs that may be incurred by a local agency or school
2 district will be incurred because this act creates a new crime or
3 infraction, eliminates a crime or infraction, or changes the penalty
4 for a crime or infraction, within the meaning of Section 17556 of
5 the Government Code, or changes the definition of a crime within
6 the meaning of Section 6 of Article XIII B of the California
7 Constitution.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Eng	BILL NUMBER:	AB 3037
SPONSOR:	Eng	BILL STATUS:	Assembly Business & Professions
SUBJECT:	Boards and Commissions	DATE LAST AMENDED:	04/21/08

SUMMARY:

Existing law creates various boards to license and regulate professions and vocations and other matters. Under existing law, the Joint Committee on Boards, Commissions, and Consumer Protection is required to determine if a public need exists for the continued existence of a board based on specified factors. This bill would amend a section of the Business and Professions Code, relating to regulatory programs.

ANALYSIS

This bill would require the Joint Commission on Boards, Commissions, and Consumer Protection Committee to consider whether the functions of a board or commission, under its jurisdiction would be accomplished more effectively if the board or commission were replaced by a single executive officer.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/20/08)

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY APRIL 21, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 3037

Introduced by Assembly Member Eng

February 22, 2008

An act relating to physicians and surgeons. An act to amend Section 473.4 of the Business and Professions Code, relating to regulatory programs.

LEGISLATIVE COUNSEL'S DIGEST

AB 3037, as amended, Eng. ~~Physicians and surgeons: criminal backgrounds.~~ *Boards and commissions.*

Existing law creates various boards to license and regulate professions and vocations and other matters. Under existing law, the Joint Committee on Boards, Commissions, and Consumer Protection is required to determine if a public need exists for the continued existence of a board based on specified factors.

This bill would also require the committee to consider as a factor whether the functions of the board would be accomplished more effectively if the board were replaced by a single executive officer.

~~Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of the Medical Practice Act.~~

~~This bill would declare the intent of the Legislature to enact legislation that would require the development of an online database with~~

~~information on the criminal backgrounds of physicians and surgeons,
as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 *SECTION 1. Section 473.4 of the Business and Professions*
2 *Code is amended to read:*
3 473.4. (a) The Joint Committee on Boards, Commissions, and
4 Consumer Protection shall evaluate and determine whether a board
5 or regulatory program has demonstrated a public need for the
6 continued existence of the board or regulatory program and for
7 the degree of regulation the board or regulatory program
8 implements based on the following factors and minimum standards
9 of performance:
10 (1) Whether regulation by the board is necessary to protect the
11 public health, safety, and welfare.
12 (2) Whether the basis or facts that necessitated the initial
13 licensing or regulation of a practice or profession have changed.
14 (3) Whether other conditions have arisen that would warrant
15 increased, decreased, or the same degree of regulation.
16 (4) If regulation of the profession or practice is necessary,
17 whether existing statutes and regulations establish the least
18 restrictive form of regulation consistent with the public interest,
19 considering other available regulatory mechanisms, and whether
20 the board rules enhance the public interest and are within the scope
21 of legislative intent.
22 (5) Whether the board operates and enforces its regulatory
23 responsibilities in the public interest and whether its regulatory
24 mission is impeded or enhanced by existing statutes, regulations,
25 policies, practices, or any other circumstances, including budgetary,
26 resource, and personnel matters.
27 (6) Whether an analysis of board operations indicates that the
28 board performs its statutory duties efficiently and effectively.
29 (7) Whether the composition of the board adequately represents
30 the public interest and whether the board encourages public
31 participation in its decisions rather than participation only by the
32 industry and individuals it regulates.

1 (8) Whether the board and its laws or regulations stimulate or
2 restrict competition, and the extent of the economic impact the
3 board's regulatory practices have on the state's business and
4 technological growth.

5 (9) Whether complaint, investigation, powers to intervene, and
6 disciplinary procedures adequately protect the public and whether
7 final dispositions of complaints, investigations, restraining orders,
8 and disciplinary actions are in the public interest; or if it is, instead,
9 self-serving to the profession, industry, or individuals being
10 regulated by the board.

11 (10) Whether the scope of practice of the regulated profession
12 or occupation contributes to the highest utilization of personnel
13 and whether entry requirements encourage affirmative action.

14 (11) Whether administrative and statutory changes are necessary
15 to improve board operations to enhance the public interest.

16 (12) *Whether the functions of the board would be accomplished*
17 *more effectively if the board were replaced by a single executive*
18 *officer.*

19 (b) The Joint Committee on Boards, Commissions, and
20 Consumer Protection shall consider alternatives to placing
21 responsibilities and jurisdiction of the board under the Department
22 of Consumer Affairs.

23 (c) Nothing in this section precludes any board from submitting
24 other appropriate information to the Joint Committee on Boards,
25 Commissions, and Consumer Protection.

26 ~~SECTION 1. It is the intent of the Legislature to enact~~
27 ~~legislation that would require the development of an online~~
28 ~~database, similar to that developed under Section 290.46 of the~~
29 ~~Penal Code (popularly known as Megan's Law), with information~~
30 ~~on any convictions of physicians and surgeons for crimes that may~~
31 ~~impact patient safety.~~

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Scott	BILL NUMBER:	SB 1288
SPONSOR:	California State University	BILL STATUS:	Senate Appropriation
SUBJECT:	California State University: Doctor or Nursing Practice degree	DATE LAST AMENDED:	4/23/08

SUMMARY:

Existing law establishes the California State University and its various campuses under the administration of the Trustees of the California State University. Existing law requires the California State University to offer undergraduate and graduate instruction through the master's degree in the liberal arts and sciences and professional education, including teacher education. This bill would add an Act to the Education Code, relating to nursing degrees.

ANALYSIS:

This bill would authorize the California State University to award the Doctor of Nursing Practice degree. The bill would limit the authority to award the Doctor of Nursing Practice degree to the discipline of nursing practice and distinguish the Doctor of Nursing Practice degree from research-based doctoral degrees at the University of California.

The bill would require that the Doctor of Nursing Practice degree programs educate nurses for advanced nursing practice, prepare faculty to teach in postsecondary nursing education programs, and enable professionals to earn the degree while working full time. The bill would also require the California State University to seek nonstate funding to establish the program and implement the program when sufficient funding is available.

Amended analysis of 4/23/08:

This bill amendment would require the Doctor of Nursing Practice, offered by the California State University (CSU), to focus on the preparation of faculty to teach in postsecondary nursing education programs. The training of nurses for advance nursing practice or nurse leadership or both would be **permissive** and not required. The program **could not** replace or supplant master's degree nursing programs offered by the California State University as of January 1, 2009. The program would have to be funded exclusively from nonstate sources, and could not be implemented until sufficient funding was available.

The intent of the Legislature is that the implementation of the Doctor of Nursing Practice **could not** reduce or divert the funding and personnel support required for full implementation of associate degree, baccalaureate degree, and master's degree nursing programs.

If the CSU creates the Doctor of Nursing Practice degree, it would be required to report annually on the status of the program to the California Postsecondary Education Commission, the Legislative Analyst's Office, and legislative budget subcommittees

BOARD POSITION: Support (4/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (4/8/08)

SUPPORT:

OPPOSE:

AMENDED IN SENATE APRIL 23, 2008

SENATE BILL

No. 1288

Introduced by Senator Scott

(Principal coauthor: Assembly Member Galgiani)

(Coauthors: Senators Alquist, Cox, Maldonado, Romero, and Runner)

*(Coauthors: Assembly Members Beall, Benoit, Berg, Davis, Dymally,
Lieber, Portantino, and Swanson)*

February 19, 2008

An act to add Article 9 (commencing with Section 89280) to Chapter 2 of Part 55 of Division 8 of Title 3 of the Education Code, relating to nursing degrees.

LEGISLATIVE COUNSEL'S DIGEST

SB 1288, as amended, Scott. California State University: Doctor of Nursing Practice degree.

Existing law establishes the California State University and its various campuses under the administration of the Trustees of the California State University. Existing law requires the California State University to offer undergraduate and graduate instruction through the master's degree in the liberal arts and sciences and professional education, including teacher education.

This bill would, notwithstanding existing law, authorize the California State University to award the Doctor of Nursing Practice degree. The bill would limit the authority to award the Doctor of Nursing Practice degree to the discipline of nursing practice and distinguish the Doctor of Nursing Practice degree from ~~research-based doctoral degrees~~ *doctor of philosophy degrees offered at, or in conjunction with,* the University of California. The bill would require that the Doctor of Nursing Practice degree programs ~~train nurses for advanced nursing practice, prepare~~

focus on preparing faculty to teach in postsecondary nursing education programs, and enable professionals to earn the degree while working full time. The bill would require the California State University to seek nonstate funding to establish the program and implement the program when sufficient funding is available fund the program exclusively from nonstate sources.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Article 9 (commencing with Section 89280) is added to Chapter 2 of Part 55 of Division 8 of Title 3 of the Education Code, to read:

Article 9. Doctor of Nursing Practice Degree

89280. (a) Notwithstanding Section 66010.4, in order to meet specific nursing education needs in California, the California State University may award the Doctor of Nursing Practice degree, as described in this section.

(b) The authority to award the Doctor of Nursing Practice degree shall be limited to the discipline of nursing practice. The Doctor of Nursing Practice degree offered by the California State University shall be distinguished from ~~research-based doctoral degrees~~ *at doctor of philosophy degrees offered at, or in conjunction with,* the University of California.

(c) The Doctor of Nursing Practice degree program offered by the California State University shall ~~train nurses for advanced nursing practice and prepare faculty to teach in postsecondary nursing education programs~~ *focus on the preparation of faculty to teach in postsecondary nursing education programs and may also train nurses for advanced nursing practice or nurse leadership, or both. The degree program shall not replace or supplant master's degree nursing programs offered by the California State University as of January 1, 2009.* The degree ~~programs~~ *program* shall enable professionals to earn the degree while working full time.

~~(d) The California State University shall seek nonstate funding to establish the Doctor of Nursing Practice degree program and shall implement the program when sufficient funding is available.~~

1 (d) *If the California State University creates a Doctor of Nursing*
2 *Practice degree program, it shall be funded exclusively from*
3 *nonstate sources. The California State University shall not*
4 *implement the program until sufficient funding is available. The*
5 *California State University shall not enroll any person in the*
6 *degree program until sufficient funding for the program is*
7 *appropriated for the purposes of the program in the Budget Act.*
8 *It is the intent of the Legislature that the implementation of the*
9 *degree program authorized by this article shall not reduce or divert*
10 *the funding and personnel support required for full implementation*
11 *of associate degree, baccalaureate degree, and master's degree*
12 *nursing programs.*

13 (e) *If the California State University creates a Doctor of Nursing*
14 *Practice degree program, it shall report annually to the California*
15 *Postsecondary Education Commission, the Legislative Analyst's*
16 *Office, and legislative budget subcommittees on the status of the*
17 *program at the time when regular budget hearings on the status*
18 *of the program are being held.*

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Ashburn	BILL NUMBER:	SB 1620
SPONSOR:	Ashburn	BILL STATUS:	Assembly Higher Ed
SUBJECT:	Community colleges: nursing faculty	DATE LAST AMENDED:	4/21/08

SUMMARY:

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law establishes community college districts, administered by a governing board, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law authorizes the governing board of a district to employ a person serving as full-time faculty or part-time faculty but prohibits employment of a person as a temporary faculty member by any one district for more than 2 semesters or 3 quarters, except that a person serving as full-time or part-time clinical nursing faculty may be employed as a temporary faculty member for up to 4 semesters or 6 quarters within any period of 3 consecutive years between July 1, 2007, and June 30, 2014.

Existing law requires the board of governors to adopt regulations that establish minimum standards regarding the percentage of hours of credit instruction taught by full-time instructors.

ANALYSIS:

This bill would delete the limitation that full-time clinical nursing faculty or part-time nursing faculty be employed for not more than 4 semesters or 6 quarters, between July 1, 2007, and June 30, 2014. This bill would acknowledge that the Legislature recognizes the policy of the boards of governors that at least 75 percent of the hours of credit instruction, should be taught by full-time instructors, and specifies requirements for Districts that fall below the 75 percent.

Amended analysis of 4/21/08:

This bill amendment deletes the provision that would have provided for a clinical nursing faculty member to be employed, by any one district, for more than two semesters or three quarters within three consecutive years.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

American nurses Association/California
California Hospital Association
Community College League of California
San Bernardino Community College District

OPPOSE:

Faculty Association of California Community Colleges
California Federation of Teachers

AMENDED IN SENATE APRIL 21, 2008

AMENDED IN SENATE MARCH 25, 2008

SENATE BILL

No. 1620

Introduced by Senator Ashburn

February 22, 2008

An act to amend Sections 87482, 87482.6, and 87482.7 of the Education Code, relating to community colleges.

LEGISLATIVE COUNSEL'S DIGEST

SB 1620, as amended, Ashburn. Community colleges: nursing faculty.

(1) Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law establishes community college districts, administered by a governing board, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law authorizes the governing board of a district to employ a person serving as full-time faculty or part-time faculty but prohibits employment of a person as a temporary faculty member by any one district for more than 2 semesters or 3 quarters, except that a person serving as full-time or part-time clinical nursing faculty may be employed as a temporary faculty member for up to 4 semesters or 6 quarters within any period of 3 consecutive years between July 1, 2007, and June 30, 2014.

This bill would delete the limitation that temporary clinical nursing faculty be employed for not more than 4 semesters or 6 quarters. The bill would make conforming changes.

(2) Existing law requires the board of governors to adopt regulations that establish minimum standards regarding the percentage of hours of credit instruction taught by full-time instructors.

This bill would exclude the percentage of hours of credit instruction taught by full-time *clinical* nursing faculty from the minimum standards and would make conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 87482 of the Education Code is amended
2 to read:

3 87482. (a) (1) Notwithstanding Section 87480, the governing
4 board of a community college district may employ any qualified
5 individual as a temporary faculty member for a complete school
6 year but not less than a complete semester or quarter during a
7 school year. The employment of those persons shall be based upon
8 the need for additional faculty during a particular semester or
9 quarter because of the higher enrollment of students during that
10 semester or quarter as compared to the other semester or quarter
11 in the academic year, or because a faculty member has been granted
12 leave for a semester, quarter, or year, or is experiencing long-term
13 illness, and shall be limited, in number of persons so employed,
14 to that need, as determined by the governing board.

15 (2) Employment of a person under this subdivision may be
16 pursuant to contract fixing a salary for the entire semester or
17 quarter.

18 (b) No person, ~~other than a person serving as clinical nursing~~
19 ~~faculty~~, shall be employed by any one district under this section
20 for more than two semesters or three quarters within any period
21 of three consecutive years.

22 (c) (1) Notwithstanding subdivision (b), a person serving as
23 full-time clinical nursing faculty or as part-time clinical nursing
24 faculty teaching 60 percent or more of the hours per week
25 considered a full-time assignment for regular employees, may be
26 employed by any one district under this section between July 1,
27 2007, and June 30, 2014, inclusive.

28 (2) A district that employs faculty pursuant to this subdivision
29 shall provide data to the chancellor's office as to how many faculty

1 members were hired under this subdivision, and what the ratio of
2 full-time to part-time faculty was for each of the three academic
3 years prior to the hiring of faculty under this subdivision and for
4 each academic year for which faculty is hired under this
5 subdivision. This data shall be submitted, in writing, to the
6 chancellor's office on or before June 30, 2012.

7 (3) The chancellor shall report, in writing, to the Legislature
8 and the Governor on or before September 30, 2012, in accordance
9 with data received pursuant to paragraph (2), how many districts
10 hired faculty under this subdivision, how many faculty members
11 were hired under this subdivision, and what the ratio of full-time
12 to part-time faculty was for these districts in each of the three
13 academic years prior to the operation of this subdivision and for
14 each academic year for which faculty is hired under this
15 subdivision.

16 SEC. 2. Section 87482.6 of the Education Code is amended to
17 read:

18 87482.6. (a) Until the provisions of Section 84750 regarding
19 program-based funding are implemented by a standard adopted
20 by the board of governors that establishes the appropriate
21 percentage of hours of credit instruction that should be taught by
22 full-time instructors, the Legislature wishes to recognize and make
23 efforts to address longstanding policy of the board of governors
24 that at least 75 percent of the hours of credit instruction in the
25 California Community Colleges, as a system, should be taught by
26 full-time instructors. To this end, community college districts
27 which have less than 75 percent of their hours of credit instruction
28 taught by full-time instructors shall apply a portion of the program
29 improvement allocation received pursuant to Section 84755 as
30 follows:

31 (1) Districts which, in the prior fiscal year, had between 67
32 percent and 75 percent of their hours of credit instruction taught
33 by full-time instructors shall apply up to 33 percent of their
34 program improvement allocation as necessary to reach the 75
35 percent standard. If a district in this category chooses instead not
36 to improve its percentage, the board of governors shall withhold
37 33 percent of the district's program improvement allocation.

38 (2) Districts which, in the prior fiscal year, had less than 67
39 percent of their hours of credit instruction taught by full-time
40 instructors shall apply up to 40 percent of their program

1 improvement allocation as necessary to reach the 75 percent
2 standard. If a district in this category chooses instead not to
3 improve its percentage, the board of governors shall withhold 40
4 percent of the district's program improvement allocation.

5 Districts which maintain 75 percent or more of their hours of
6 credit instruction taught by full-time instructors shall otherwise
7 be free to use their program improvement allocation for any of the
8 purposes specified in Section 84755.

9 (b) The board of governors shall adopt regulations for the
10 effective administration of this section. Unless and until amended
11 by the board of governors, the regulations shall provide as follows:

12 (1) In computing the percentage of hours of credit instruction
13 taught by full-time instructors, the hours of overload teaching by
14 full-time instructors shall be excluded from both the total hours
15 of credit instruction taught by full-time and part-time instructors
16 and the total hours of instruction taught by full-time instructors.

17 (2) A full-time instructor shall be defined as any regular and
18 contract faculty member teaching credit instruction.

19 (3) The chancellor shall compute and report to each community
20 college district the number of full-time faculty (FTF) which are to
21 be secured through the use of the prescribed portion of program
22 improvement revenue allocated to each district. This computation
23 shall be made by dividing the applicable portion of program
24 improvement revenue (0 percent, 33 percent, or 40 percent of the
25 program improvement allocation), by the statewide average
26 "replacement cost" (a figure which represents the statewide average
27 faculty salary plus benefits, minus the statewide average hourly
28 rate of compensation for part-time instructors times the statewide
29 average full-time teaching load). If the quotient is not a whole
30 number, then the quotient shall be rounded down to the nearest
31 whole number. If this quotient, once applied, will result in the
32 district exceeding the 75 percent standard, the chancellor shall
33 further reduce the quotient to a whole number that will leave the
34 district as close as possible to, but in excess of, the 75 percent
35 standard.

36 By March 15th of each year, the chancellor shall report to each
37 district an estimate of the number of FTF to be secured based upon
38 the appropriation of revenues contained in the annual Budget Bill.

39 (4) On or before December 31, 1991, the chancellor shall
40 determine the extent to which each district, by September 30, 1991,

1 has hired the number of FTF determined pursuant to paragraph
2 (3) for the 1989–90 and 1990–91 fiscal years. To the extent that
3 the cumulative number of FTF have not been retained, the
4 chancellor shall reduce the district’s base budget for 1991–92 and
5 subsequent fiscal years by an amount equivalent to the average
6 replacement cost times the deficiency in the number of FTF.

7 (c) For purposes of this section, the percentage of hours of credit
8 instruction shall exclude the hours taught by part-time and full-time
9 *clinical* nursing faculty.

10 SEC. 3. Section 87482.7 of the Education Code is amended to
11 read:

12 87482.7. (a) The board of governors shall, pursuant to
13 paragraph (6) of subdivision (b) of Section 70901, adopt regulations
14 that establish minimum standards regarding the percentage of hours
15 of credit instruction that shall be taught by full-time instructors.

16 (b) Upon notification by the board of governors, the Department
17 of Finance shall transfer any money deducted from district
18 apportionments pursuant to the regulations adopted under this
19 section. This money shall be transferred to the Employment
20 Opportunity Fund pursuant to Section 87107.

21 (c) The minimum standards established under subdivision (a)
22 shall exclude the hours of credit instruction taught by part-time
23 and full-time *clinical* nursing faculty.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008**

BILL ANALYSIS

AUTHOR:	Ashburn	BILL NUMBER:	SB 1621
SPONSOR:	Ashburn	BILL STATUS:	Assembly Higher Ed
SUBJECT:	Nursing Education	DATE LAST AMENDED:	5/01/08

SUMMARY:

Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in, or a graduate of, an institution of postsecondary education or who has earned a baccalaureate or graduate level degree, and who meets the other requirements of the program, is eligible to receive a conditional warrant for loan assumption, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

Existing law requires that, with certain exceptions, in order to be eligible for the loan assumption, the person agree to teach nursing on a full-time basis for the equivalent of at least 3 full-time academic years commencing within 12 months after obtaining the degree or license. Existing law requires a program participant pursuing a baccalaureate or graduate degree to be enrolled on at least a half-time basis each academic term and to agree to maintain satisfactory academic progress. This bill would amend sections of the Education Code, relating to nursing education.

ANALYSIS:

This bill would provide, among other things, for the following provisions relative to the SNAPLE program:

- A person who is currently teaching at a regionally accredited California college or university would be eligible to enter into an agreement for loan assumption, if the applicant is enrolled in, or admitted to, an academic degree program leading to a more advance degree in nursing, or a field related to nursing.
- Applicants who are pursuing baccalaureate or graduate degrees would be required to be enrolled, in an academic institution, at least on a half-time basis each academic term and agree to maintain satisfactory academic progress. If the

participant fails to maintain half-time enrollment, the loan agreement would become invalid.

- If a person does not have the minimum qualifications to become a nurse educator within 12 months of receiving his/her degree, the Student Aid Commission could extend the 12 month period on a case-by-case basis.

Amended analysis of 04/23/08:

This bill amendment would limit the participation in the SNAPLE program to those who, at a minimum, possess a baccalaureate degree. It **deletes** the law relating to the award of loan assumption agreements to undergraduate students. It requires the Student Aide Commission to award loan assumption agreements to qualified program applicants with baccalaureate and graduate degrees. A participant that possesses a baccalaureate or graduate degree at the time of application to the program would be required to agree to teach nursing on a full-time or part-time basis commencing, not more than, 12 months of receiving a loan assumption award.

Amended analysis of 5/1/08:

This bill amendment would delete the provision that would have required a physician to do a "good faith" examination when delegating to a registered nurse, the performance or administration of any elective cosmetic medical procedure or treatment. The registered nurse would be able to continue to perform "good faith" examinations when delegated by the physician.

BOARD POSITION: Support (4/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/20/08)

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MAY 28, 2008

AMENDED IN SENATE APRIL 23, 2008

AMENDED IN SENATE APRIL 10, 2008

AMENDED IN SENATE APRIL 3, 2008

AMENDED IN SENATE MARCH 25, 2008

SENATE BILL

No. 1621

Introduced by Senator Ashburn

February 22, 2008

An act to amend Sections 70101, 70102, 70103, 70104, 70105, and 70106 of the Education Code, relating to nursing education.

LEGISLATIVE COUNSEL'S DIGEST

SB 1621, as amended, Ashburn. Nursing education.

(1) Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in, or a graduate of, an institution of postsecondary education or who has earned a baccalaureate or graduate level degree, and who meets the other requirements of the program, is eligible to receive a conditional ~~warrant for loan assumption~~ *loan assumption agreement*, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

This bill would specify that an otherwise qualified person who has ~~been admitted to an institution of postsecondary education is eligible~~

~~to receive a conditional warrant for loan assumption~~ *obtained a baccalaureate or graduate degree from an institution of postsecondary education is eligible to receive a conditional loan assumption agreement.* The bill would limit participation in the SNAPLE program to those who, at a minimum, possess a baccalaureate degree *in nursing or a field related to nursing.* *The bill would prohibit a person who is currently teaching nursing at a regionally accredited California college or university from entering into an agreement for loan assumption.*

(2) Existing law requires the commission to award loan assumption agreements to undergraduate and graduate students with demonstrated academic ability and financial need, as specified. Existing law requires that, unless an exception applies, program participants agree to teach nursing at a college or university within 12 months after obtaining an academic degree.

The bill would delete provisions of law relating to the award of loan assumption agreements to undergraduate students. ~~The bill would require the commission to additionally award loan assumption agreements to otherwise qualified program applicants with baccalaureate and graduate degrees.~~ The bill would make conforming changes to existing law. The bill would require a participant possessing a baccalaureate or graduate degree at the time of application to agree to teach nursing on a full-time or part-time basis commencing not more than 12 months ~~of~~ *after* receiving a loan assumption award.

(3) Existing law requires a program participant pursuing a baccalaureate or graduate degree to be enrolled on at least a half-time basis each academic term and to agree to maintain satisfactory academic progress.

This bill would, unless certain exceptions apply, invalidate the ~~warrant for loan assumption~~ *loan assumption agreement* if a participant fails to maintain half-time enrollment. The bill would provide that a participant who fails to maintain half-time enrollment receive a deferral of the resumption of the full liability for the loan or an extension of the loan assumption agreement for a period not to exceed one calendar year, unless approved by the commission for a longer period, under specified circumstances.

(4) *Existing law extends the term of a loan assumption agreement if a program participant fails to complete one of the 3 years of teaching service on a full-time basis, or the equivalent on a part-time basis, due to specified circumstances.*

This bill would extend the term of a loan assumption agreement if a program participant fails to complete one of the 3 years of teaching service due to being called to military active duty status.

(4)

(5) Existing law requires the commission to develop and adopt a rule or regulation no later than 6 months after the operative date of a statute that adds a provision of law to the SNAPLE program.

This bill would extend this period to 12 months after the operative date of the statute that amends the program.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 70101 of the Education Code is amended
2 to read:

3 70101. (a) Program participants shall meet all of the following
4 eligibility criteria prior to selection into the program, and shall
5 continue to meet these criteria, as appropriate, during the payment
6 periods:

7 (1) The participant shall be a United States citizen or eligible
8 noncitizen.

9 ~~(2) The participant shall be a California resident admitted to,~~
10 ~~attending, or having earned a baccalaureate or graduate level degree~~
11 ~~from, an eligible school or college. The participant shall, at a~~
12 ~~minimum, possess a baccalaureate degree.~~

13 (2) *The participant shall be a California resident who, at a*
14 *minimum, possesses a baccalaureate degree in nursing or a field*
15 *related to nursing.*

16 (3) The participant shall have complied with United States
17 Selective Service requirements.

18 (4) The participant shall not owe a refund on any state or federal
19 educational grant or have delinquent or defaulted student loans.

20 ~~(b) Any person who has been admitted to, enrolled in, or~~
21 ~~graduated from,~~

22 (b) (1) *Any person who has obtained a baccalaureate or*
23 *graduate degree from an institution of postsecondary education,*
24 *and who is participating in the loan assumption program set forth*
25 *in this article, may be eligible to receive a conditional warrant for*

~~loan-assumption~~ *loan assumption agreement*, to be redeemed pursuant to this chapter upon meeting the criteria of Section 70102.

(2) *A person who is currently teaching nursing at a regionally accredited California college or university is not eligible to enter into an agreement for loan assumption under this article.*

~~(e) (1) The commission shall award loan assumption agreements to graduate students, and applicants with baccalaureate, graduate, or baccalaureate and graduate degrees with demonstrated academic ability.~~

~~(2) The applicant shall have completed a baccalaureate level or graduate level degree program or be admitted to or enrolled in an academic program leading to a graduate level degree.~~

~~(3) (A) The applicant shall be enrolled in, admitted to, or have successfully completed, a baccalaureate or graduate degree program. Applicants who are pursuing their graduate degree shall be enrolled on at least a half-time basis each academic term as defined by an eligible institution and shall agree to maintain satisfactory academic progress.~~

(c) (1) The commission shall award loan assumption agreements to either of the following applicants who otherwise meet the eligibility criteria of this section:

(A) An applicant who has been admitted to or enrolled in an academic program leading to a graduate level degree and demonstrates academic ability.

(B) An applicant with a baccalaureate, or baccalaureate and graduate degrees.

(2) (A) An applicant who is pursuing a graduate degree shall be enrolled on at least a half-time basis each academic term as defined by an eligible institution and shall agree to maintain satisfactory academic progress.

(B) Except as provided in subparagraphs (C), (D), and (E) subparagraph (C), if a program participant fails to maintain half-time enrollment as required by this article, under the terms of the agreement pursuant to subparagraph (A), the ~~warrant~~ loan assumption agreement shall be deemed invalid. The participant shall assume full liability for all student loan obligations. The participant is excused from the half-time enrollment requirement if the student is in his or her final term in school and has no additional coursework required to obtain his or her graduate degree in nursing or a field related to nursing.

1 ~~(C) Notwithstanding subparagraph (B), if a program participant~~
2 ~~becomes unable to maintain half-time enrollment due to serious~~
3 ~~illness, pregnancy, or other natural cause, the participant shall~~
4 ~~receive a deferral of the resumption of full liability for the loan~~
5 ~~for a period not to exceed one calendar year, unless approved by~~
6 ~~the commission for a longer period.~~

7 ~~(D) Notwithstanding subparagraph (B), if a program participant~~
8 ~~becomes unable to maintain half-time enrollment due to being~~
9 ~~called to military active duty status, the participant shall receive~~
10 ~~a deferral of the resumption of full liability for the loan for a period~~
11 ~~not to exceed one calendar year, unless approved by the~~
12 ~~commission for a longer period.~~

13 ~~(E) Notwithstanding subparagraph (B), if a natural disaster~~
14 ~~prevents a program participant from maintaining half-time~~
15 ~~enrollment due to the interruption of instruction at the eligible~~
16 ~~institution, the term of the loan assumption agreement shall be~~
17 ~~extended for a period not to exceed one calendar year, unless~~
18 ~~approved by the commission for a longer period.~~

19 *(C) Notwithstanding subparagraph (B), a program participant*
20 *shall be excused from the half-time enrollment requirement for a*
21 *period not to exceed one calendar year, unless approved by the*
22 *commission for a longer period, if a program participant becomes*
23 *unable to maintain half-time enrollment due to any of the following:*

24 *(i) Serious illness, pregnancy, or other natural causes.*
25 *(ii) The participant is called to military active duty status.*
26 *(iii) A natural disaster prevents the participant from maintaining*
27 *half-time enrollment due to the interruption of instruction at the*
28 *eligible institution.*

29 ~~(4)–~~
30 *(3) The applicant shall have been judged by his or her*
31 *postsecondary institution or employer, whichever is applicable,*
32 *to have outstanding ability on the basis of criteria that may include,*
33 *but need not be limited to, any of the following:*

34 *(A) Grade point average.*
35 *(B) Test scores.*
36 *(C) Faculty evaluations.*
37 *(D) Interviews.*
38 *(E) Other recommendations.*

39 ~~(5)–~~

1 (4) The applicant shall have received, or be approved to receive,
2 a loan under one or more of the following designated loan
3 programs:

4 (A) The Federal Family Education Loan Program (20 U.S.C.
5 Sec. 1071 et seq.).

6 (B) The Federal Direct Loan Program.

7 (C) Any loan program approved by the commission.

8 ~~(6)~~

9 (5) (A) The applicant shall have agreed to teach nursing on a
10 full-time basis at one or more regionally accredited California
11 colleges or universities for at least three years, or on a part-time
12 basis for the equivalent of three full-time academic years,
13 commencing not more than 12 months after obtaining an academic
14 degree, unless the applicant, within 12 months after obtaining the
15 academic degree, enrolls in an academic degree program leading
16 to a more advanced degree in nursing or a field related to nursing.

17 (B) A participant ~~that~~ *who* possesses a baccalaureate or graduate
18 degree at the time of application to the program shall agree to teach
19 nursing on a full-time or part-time basis commencing not more
20 than 12 months ~~of~~ *after* receiving a loan assumption award.

21 ~~(7)~~

22 (6) An applicant who teaches on less than a full-time basis may
23 participate in the program, but is not eligible for loan repayment
24 until that person teaches for the equivalent of a full-time academic
25 year.

26 (d) A person participating in the program pursuant to this section
27 shall not receive more than one loan assumption agreement, and
28 shall not be eligible to receive a grant pursuant to Article 3.51
29 (commencing with Section 78260) of Chapter 2 of Part 48.

30 SEC. 2. Section 70102 of the Education Code is amended to
31 read:

32 70102. The commission shall commence loan assumption
33 payments pursuant to this article upon verification that the
34 participant has fulfilled all of the following:

35 (a) The participant has received a baccalaureate degree or a
36 graduate degree from an accredited, participating institution.

37 (b) The participant has provided the equivalent of full-time
38 nursing instruction at one or more regionally accredited California
39 colleges or universities for one academic year or the equivalent.

1 (c) The participant has met the requirements of the loan
2 assumption agreement and all other conditions of this article.

3 SEC. 3. Section 70103 of the Education Code is amended to
4 read:

5 70103. The terms of the loan assumptions granted under this
6 article shall be as follows, subject to the specific terms of each
7 loan assumption agreement:

8 (a) After a program participant has completed one academic
9 year, or the equivalent, of full-time teaching nursing studies at one
10 or more regionally accredited, eligible California colleges or
11 universities, pursuant to Section 70102, the commission shall
12 assume up to eight thousand three hundred thirty-three dollars
13 (\$8,333) of the outstanding liability of the participant under one
14 or more of the designated loan programs.

15 (b) After the program participant has completed two consecutive
16 academic years, or the equivalent, of full-time teaching at one or
17 more regionally accredited California colleges or universities,
18 pursuant to Section 70102, the commission shall assume up to an
19 additional eight thousand three hundred thirty-three dollars (\$8,333)
20 of the outstanding liability of the participant under one or more of
21 the designated loan programs, for a total loan assumption of up to
22 sixteen thousand six hundred sixty-six dollars (\$16,666).

23 (c) After a program participant has completed three consecutive
24 academic years, or the equivalent of full-time teaching, at one or
25 more regionally accredited California colleges or universities,
26 *pursuant to Section 70102*, the commission shall assume up to an
27 additional eight thousand three hundred thirty-four dollars (\$8,334)
28 of the outstanding liability of the participant under one or more of
29 the designated loan programs, for a total loan assumption of up to
30 twenty-five thousand dollars (\$25,000).

31 (d) The commission may assume liability for loans received by
32 the program participant to pay for the costs of obtaining the
33 program participant's undergraduate and graduate degrees.

34 (e) The term of the loan assumption agreement shall be not more
35 than 10 years from the date on which the agreement was executed
36 by the program participant and the commission.

37 SEC. 4. Section 70104 of the Education Code is amended to
38 read:

39 70104. (a) Except as provided in subdivisions (b) and (c), if
40 a program participant fails to complete a minimum of three

1 academic years of teaching on a full-time basis or the equivalent
2 on a part-time basis, as required by this article under the terms of
3 the agreement pursuant to paragraph ~~(6)~~ (5) of subdivision (c) of
4 Section 70101, the loan assumption agreement is no longer
5 effective and shall be deemed terminated, and the commission
6 shall not make any further payments. The participant shall resume
7 responsibility for any remaining loan obligations, but shall not be
8 required to repay any loan payments previously made through this
9 program.

10 (b) Notwithstanding subdivision (a), if a program participant
11 becomes unable to complete one of the three years of teaching
12 service on a full-time basis, or the equivalent on a part-time basis,
13 due to a serious illness, pregnancy, or other natural causes, *or due*
14 *to being called to military active duty status*, the term of the loan
15 assumption agreement shall be extended for a period not to exceed
16 one academic year, unless extended by the commission on a
17 case-by-case basis. The commission shall make no further
18 payments under the loan assumption agreement until the applicable
19 teaching requirements specified in Section 70103 have been
20 satisfied.

21 (c) Notwithstanding subdivision (a), if a natural disaster prevents
22 a program participant from completing one of the required years
23 of teaching service due to the interruption of instruction at the
24 employing regionally accredited California college or university,
25 the term of the loan assumption agreement shall be extended for
26 the period of time equal to the period from the interruption of
27 instruction at the employing regionally accredited California
28 college or university to the resumption of instruction. The
29 commission shall make no further payments under the loan
30 assumption agreement until the applicable teaching requirements
31 specified in Section 70103 have been satisfied.

32 SEC. 5. Section 70105 of the Education Code is amended to
33 read:

34 70105. (a) The commission shall accept nominations from
35 accredited colleges and universities made pursuant to this article.

36 (b) The commission shall choose from among those nominations
37 of graduate students and applicants who have completed their
38 baccalaureate or graduate degrees with outstanding student loans,
39 based upon criteria that may include, but are not necessarily limited
40 to, all of the following:

1 (1) Grades at the undergraduate level in a subject field related
2 to nursing.

3 (2) Grades in the undergraduate program.

4 (3) Aptitude for graduate work in the field of nursing.

5 (4) General aptitude for graduate study.

6 (5) Critical human resource needs.

7 (c) The commission may develop additional criteria for the
8 selection of award recipients consistent with the purposes of this
9 article.

10 SEC. 6. Section 70106 of the Education Code is amended to
11 read:

12 70106. (a) The commission shall administer this article, and
13 shall adopt rules and regulations for that purpose. The rules and
14 regulations shall include, but need not be limited to, provisions
15 regarding the period of time for which a ~~warrant~~ *loan assumption*
16 *agreement* shall remain valid and the development of projections
17 for funding purposes. In developing these rules and regulations,
18 the commission shall solicit the advice of representatives from
19 postsecondary education institutions, the Office of Statewide Health
20 Planning and Development, and the nursing community.

21 (b) If this article is amended and the commission deems it
22 necessary to adopt a rule or regulation to implement that
23 amendment, the commission shall develop and adopt that rule or
24 regulation no later than 12 months after the operative date of the
25 statute that amends the article.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 13, 2008
BILL ANALYSIS**

AUTHOR:	Yee	BILL NUMBER:	SB 1721
SPONSOR:	California Nurses Association	BILL STATUS:	Assembly
SUBJECT:	Health facilities: direct care nurses	DATE LAST AMENDED:	5/28/08

SUMMARY:

Under existing law, the Department of Consumer Affairs, Board of Registered Nursing regulates the licensing of registered nurses. Existing law requires the State Department of Public Health to license and regulate health facilities, including hospitals, and establish minimum hospital nurse-to-patient ratios by licensed nurse classification and by hospital unit. A violation of these provisions is a crime. This bill would add and amend sections to the Health and Safety Code, relating to direct care nurses.

ANALYSIS:

This bill would require every direct care registered nurse (including casual, per diem, temporary agency, registry, and traveler staff, hired by an acute care hospital, to:

- Receive and complete an orientation to the hospital and patient care unit or clinical area in which he or she would be working.
- Demonstrate competency in providing patient care in the assigned clinical area for a minimum of five shifts, with competency validation by another direct care registered nurse.

This bill would require a registered nurse, who is competent in the patient population that the new hire would be working in, to be the observing direct care nurse for the purpose of validating the competency of the new nurse. He/she would observe the new nurse, to assess if he/she provides nursing care according to the nursing process and complies with the Standards of Competent Performance as noted in the Nursing Practice Act. The new nurse would be considered to be in orientation, and not calculated in the nurse-to-patient ratio, until he/she completed the hospital orientation and competence was validated.

Amended analysis of 4/22/08:

This bill amendment would require health facilities to adopt written policies and procedures for the training and orientation of nursing staff. It would also require that the written policies and procedures include that all temporary personnel would receive orientation and validation of demonstrated competency.

Amended analysis of 5/28/08:

The provisions in this bill would not apply to a state inpatient mental health hospital, a state developmental center, or a state veteran's home.

BOARD POSITION: Support (4/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/20/08)

SUPPORT:

California Nurses Association

OPPOSE:

California Hospital Association

AMENDED IN SENATE MAY 28, 2008

AMENDED IN SENATE APRIL 22, 2008

SENATE BILL

No. 1721

Introduced by Senator Yee

February 22, 2008

An act to amend Section 1276.4 of, and to add Section 1276.45 to, the Health and Safety Code, relating to direct care nurses.

LEGISLATIVE COUNSEL'S DIGEST

SB 1721, as amended, Yee. Health facilities: direct care nurses.

Under existing law, the Department of Consumer Affairs, Board of Registered Nursing regulates the licensing of registered nurses. Existing law requires the State Department of Public Health to license and regulate health facilities, including hospitals, and establish minimum hospital nurse-to-patient ratios by licensed nurse classification and by hospital unit. Under existing law, specified hospitals are required to adopt written policies and procedures for training and orientation of nursing staff. These provisions prohibit a registered nurse from being assigned to a nursing unit or clinical area until that nurse has received the specified orientation and demonstrated sufficient competency. A violation of these health facility provisions is a crime.

This bill would require each new direct care registered nursing hire to receive and complete an orientation to the hospital and patient care unit in which he or she will be working. It would preclude a nurse who has not completed this orientation from being assigned direct patient care, and would require observation of the nurse during the orientation by a direct care registered nurse. This bill would specify that, until the nurse completes orientation, he or she would not be counted as staff in computing the nurse-to-patient ratio. *This bill would exempt a state*

inpatient mental health hospital, a state developmental center, or a state veterans' home from these provisions.

By creating a new crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1276.4 of the Health and Safety Code is
2 amended to read:
3 1276.4. (a) By January 1, 2002, the State Department of
4 Health Services shall adopt regulations that establish minimum,
5 specific, and numerical licensed nurse-to-patient ratios by licensed
6 nurse classification and by hospital unit for all health facilities
7 licensed pursuant to subdivision (a), (b), or (f) of Section 1250.
8 The department shall adopt these regulations in accordance with
9 the department's licensing and certification regulations as stated
10 in Sections 70053.2, 70215, and 70217 of Title 22 of the California
11 Code of Regulations, and the professional and vocational
12 regulations in Section 1443.5 of Title 16 of the California Code
13 of Regulations. The department shall review these regulations five
14 years after adoption and shall report to the Legislature regarding
15 any proposed changes. Flexibility shall be considered by the
16 department for rural general acute care hospitals in response to
17 their special needs. As used in this subdivision, "hospital unit"
18 means a critical care unit, burn unit, labor and delivery room,
19 postanesthesia service area, emergency department, operating
20 room, pediatric unit, step-down/intermediate care unit, specialty
21 care unit, telemetry unit, general medical care unit, subacute care
22 unit, and transitional inpatient care unit. The regulation addressing
23 the emergency department shall distinguish between regularly
24 scheduled core staff licensed nurses and additional licensed nurses
25 required to care for critical care patients in the emergency
26 department.

1 (b) These ratios shall constitute the minimum number of
2 registered and licensed nurses that shall be allocated. Additional
3 staff shall be assigned in accordance with a documented patient
4 classification system for determining nursing care requirements,
5 including the severity of the illness, the need for specialized
6 equipment and technology, the complexity of clinical judgment
7 needed to design, implement, and evaluate the patient care plan
8 and the ability for self-care, and the licensure of the personnel
9 required for care.

10 (c) “Critical care unit” as used in this section means a unit that
11 is established to safeguard and protect patients whose severity of
12 medical conditions requires continuous monitoring, and complex
13 intervention by licensed nurses.

14 (d) Requests for waivers to this section that do not jeopardize
15 the health, safety, and well-being of patients affected and that are
16 needed for increased operational efficiency may be granted by the
17 state department to rural general acute care hospitals meeting the
18 criteria set forth in Section 70059.1 of Title 22 of the California
19 Code of Regulations.

20 (e) In case of conflict between this section and any provision
21 or regulation defining the scope of nursing practice, the scope of
22 practice provisions shall control.

23 (f) The regulations adopted by the department shall augment
24 and not replace existing nurse-to-patient ratios that exist in
25 regulation or law for the intensive care units, the neonatal intensive
26 care units, or the operating room.

27 (g) The regulations adopted by the department shall not replace
28 existing licensed staff-to-patient ratios for hospitals operated by
29 the State Department of Mental Health.

30 (h) The regulations adopted by the department for health
31 facilities licensed under subdivision (b) of Section 1250 that are
32 not operated by the State Department of Mental Health shall take
33 into account the special needs of the patients served in the
34 psychiatric units.

35 (i) The department may take into consideration the unique nature
36 of the University of California teaching hospitals as educational
37 institutions when establishing licensed nurse-to-patient ratios. The
38 department shall coordinate with the Board of Registered Nursing
39 to ensure that staffing ratios are consistent with the Board of
40 Registered Nursing approved nursing education requirements. This

1 includes nursing clinical experience incidental to a work-study
2 program rendered in a University of California clinical facility
3 approved by the Board of Registered Nursing provided there will
4 be sufficient direct care registered nurse preceptors available to
5 ensure safe patient care.

6 SEC. 2. Section 1276.45 is added to the Health and Safety
7 Code, to read:

8 1276.45. (a) Each general acute care hospital, acute psychiatric
9 hospital, and special hospital, as defined in subdivisions (a), (b),
10 and (f) of Section 1250, shall ensure that all direct care registered
11 nurses, including new hires, casual, per diem, temporary agency,
12 registry, and traveler staff, shall receive and complete orientation
13 to the hospital and patient care unit or clinical care area in which
14 they will be working. All health facilities subject to this section
15 shall adopt written policies and procedures for the training and
16 orientation of nursing staff.

17 (b) (1) Every direct care registered nurse shall have current
18 demonstrated and validated competency required for the specific
19 individual needs of the patient population admitted to the unit or
20 clinical area before being assigned to patient care for that unit or
21 clinical area. In accordance with paragraph (2), current competency
22 may only be demonstrated and validated by the direct observation
23 of the orientee by another direct care registered nurse who has
24 previously demonstrated current competency in the relevant patient
25 population. Self-assessments are prohibited.

26 (2) The observing direct care registered nurse shall be required
27 to directly observe and assess the orientee within the relevant
28 clinical area and with the relevant patient population for a minimum
29 of five standard nursing shifts in order to determine if the orientee
30 displays the required knowledge, performance, and skills of patient
31 assessment, patient care planning, education, intervention, patient
32 evaluation, and patient advocacy to satisfactorily fulfill the duties
33 required by the Nursing Practice Act (Chapter 6 (commencing
34 with Section 2700) of Division 2 of the Business and Professions
35 Code) and the Standards of Competent Performance.

36 (c) The written policies and procedures for the orientation of
37 nursing staff shall require that all temporary personnel shall receive
38 orientation and be subject to validation of demonstrated
39 competency consistent with the requirements of this section and

1 with Sections 70016.1 and 70214 of Title 22 of the California Code
2 of Regulations.

3 (d) An orientee shall not be included in the calculation of the
4 licensed nurse-to-patient ratio required by Section 1276.4.

5 (e) As used in this section, “orienteer” means a direct care
6 registered nurse who has not received and completed orientation
7 to the hospital and patient care unit or clinical area and whose
8 current competency has not been demonstrated and validated.

9 (f) *This section shall not apply to a state inpatient mental health*
10 *hospital, as defined in Section 4100 of the Welfare and Institutions*
11 *Code, a state developmental center, as defined in Section 4400 of*
12 *the Welfare and Institutions Code, or a state veterans’ home, as*
13 *defined in Chapter 1 (commencing with Section 1010) of Division*
14 *5 of the Military and Veterans Code.*

15 ~~SEC. 2.~~

16 SEC. 3. No reimbursement is required by this act pursuant to
17 Section 6 of Article XIII B of the California Constitution because
18 the only costs that may be incurred by a local agency or school
19 district will be incurred because this act creates a new crime or
20 infraction, eliminates a crime or infraction, or changes the penalty
21 for a crime or infraction, within the meaning of Section 17556 of
22 the Government Code, or changes the definition of a crime within
23 the meaning of Section 6 of Article XIII B of the California
24 Constitution.